File with: Iowa Ethics and Campaign Disclosure Board



CAMPARTHICS AND

510 E. 12", Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073		NS, SEE BACK OF FORM SUMMARY PAGE		AN II AM 9:20
COMMITTEE NAME (Must be	same as on Statement of Orga		7	11 AFT 9: 20
(1)Statewide/Legislative/Judge S (4)County Central Committee (5	of committee you are reporting for: Standing for Retention Candidate (2) County Candidate (6) City Candid by PAC (9) City PAC (10) School E	2) State PAC (3) State Party date (7) School Board or Other Political Soard or Other Political Subdivision PAC (1 1	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name Stephen D R Office Sought Towa House	ichards_	Political Party (if applicable) Republican District (if Senate or House) House District #8	Scanned	
	In Treasures	S15-295-7275 TELEPHONE		3), the candidate, for a
	009-10ec.31, 200° port date)	REPORT FOR (1) ELECTION /(2 Indicate by #		ION YEAR.
☐ CHECK IF AMENDMENT TO ☐ Check if this is final (termina (You must continue to		Dissolution Form DR-3.		enter Date of Election mmittees, enter County in eld
CASH ON HAND at the beginni committee. This amount of the last reporting per ADD TOTAL MONEY Schedule A: Cash Co	unt MUST be the same as the ceriod or must be zero if this is fin TAKEN IN THIS PERIOD Intributions total (Attach Schedu	al of all funds held by the ash on hand at the end st report filed.)	······	100.00
Schedule H: Total Sa		ch Schedule H)		0
SUBTRACT TOTAL N	MONEY SPENT THIS PERIOD ures total (Attach Schedule B)	SUB-TOTAL* **also see debts and loans below)		1082.57
		e F)ort balance must be zero)		3.11
	ule D - Attach Schedule D)		\$	0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

2010		Committee of the committee of
	g angree	
7.119	BRAG W.J	30 R R SHI
	set	set Fo

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHE	CK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must t	e same as or	Statement of Or	ganization)	
Citizens	7.	Ri-h-	-0-	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (if applicable) AND PAC CHECK NUMBER ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# ID# CK# ID# ID# ID# CK# ID# ID# ID# ID# ID# ID# ID# I	√ IF FOR FUND-RAISER INCOME
(MM/DD/YR) AND PAC CHECK NUMBER 12/8/09 CK# BR Hoffman 3905 Sylvian Ave. 5104 CK# CK# CK#	RAISER
12/8/09 ID# BR Hoffman \$ 100.00 ID# CK#	INCOME
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SUB-TOTAL	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

	COMMITTEE	NAME (March bo			
i	COMMITTEE	E NAME (MUST DE	same as on Statement of Organization)		
		tizens_	For Richards		
	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	12/3/09	ID# CK#	Victory Enterprises 5000 SW 30th St Ste 7 Davengort, IA 50802	News Release Drafting	\$ 75.00
	12/3/09	ID# CK#	Victory Enterprises 5200 SW 30th St., Ste 7 Davenport, IA 52802	Fundraising letters, reply cards, postage + shipping	1004.46
		ID#			700 1. (10
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				SUB-TOTAL	\$ 1079.46
				TOTAL (if last page of this schedule)	\$ 1079 116

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule Hinstructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	 	of	

1079.46

MITTEE NAME ()			SCHEDULE -	
	t be same as on Statement of Organization)		(Rev. 02/08)	RECE & REI
	orts money loaned to the committee which is deposited in	the committee account	CHECK.	
	FROM <u>LAST</u> REPORTING PERIOD \$		AMENDIN	NG FO
1 - MONETARY LO (Original source	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loans from candid	late's personal f	unds.)
DATE RECEIVED MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*	AMOUNT (F LOAN
			\$	
		1		
		TOTAL (PART I)	. 0	
T II - MONETARY L (Loans forgiver	OAN REPAYMENTS MADE THIS REPORTING PERION THIS THE PORTING PERION THE PROPERTY OF THE PROPERTY	TOTAL (PART I) D s.)	\$	
(Loans forgiver	n must be reported on Schedule E In-kind Contribution: NAME AND ADDRESS OF LENDER	s.) RELATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution	D s.)	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution: NAME AND ADDRESS OF LENDER	s.) RELATIONSHIP TO	AMOUNT F	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution: NAME AND ADDRESS OF LENDER	s.) RELATIONSHIP TO	AMOUNT F	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution: NAME AND ADDRESS OF LENDER	s.) RELATIONSHIP TO	AMOUNT F	REPAID
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(Loans forgiver	n must be reported on Schedule E In-kind Contribution: NAME AND ADDRESS OF LENDER	s.) RELATIONSHIP TO	AMOUNT F	REPAID
(Loans forgiver	n must be reported on Schedule E In-kind Contribution: NAME AND ADDRESS OF LENDER	s.) RELATIONSHIP TO	AMOUNT F	REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	s.) RELATIONSHIP TO	AMOUNT F	

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